

The meeting was called to order at 10.05 a.m.

Expression of thanks to the outgoing President

The President (*spoke in Arabic*): As this is the first formal meeting of the Council for the month of May, I should like to take this opportunity to pay tribute, on behalf of the Council, to His Excellency Ambassador Liu Jieyi, Permanent Representative of China, for his service as President of the Council for the month of April. I am sure that I speak for all members of the Council in expressing deep appreciation to Ambassador Liu and his delegation for the great diplomatic skill with which they conducted the Council's business last month.

Adoption of the agenda

The agenda was adopted.

Protection of civilians in armed conflict

Health care in armed conflict

The President (*spoke in Arabic*): In accordance with rule 37 of the Council's provisional rules of procedure, I invite the representatives of Andorra, Argentina, Australia, Austria, Belgium, Bulgaria, Cabo Verde, Canada, Chile, Colombia, Costa Rica, Croatia, Cyprus, the Czech Republic, Denmark, Eritrea, Estonia, Finland, Georgia, Germany, Greece, Hungary, Iceland, Indonesia, Ireland, Israel, Italy, Jordan, Kazakhstan, Latvia, Lebanon, Liberia, Libya, Liechtenstein, Lithuania, Luxembourg, Maldives, Malta, Micronesia, Monaco, Montenegro, Morocco, the Netherlands, Nigeria, Norway, Palau, Panama, Paraguay, Peru, the Philippines, Poland, Portugal, Qatar, the Republic of Korea, Romania, Rwanda, Samoa, San Marino, Saudi Arabia, Singapore, Slovakia, Slovenia, Somalia, Sweden, Switzerland, Thailand, Tonga, Tunisia, Turkey, the United Arab Emirates and Vanuatu to participate in this meeting.

In accordance with rule 39 of the Council's provisional rules of procedure, I invite the following briefers to participate in this meeting: Mr. Peter Maurer, President of the International Committee of the Red Cross, and Ms. Joanne Liu, International President of Médecins Sans Frontières.

The Security Council will now begin its consideration of the item on its agenda.

Members of the Council have before them document S/2016/380, which contains the text of a draft resolution submitted by Andorra, Angola, Argentina, Australia, Austria, Belgium, Bulgaria, Cabo Verde, Canada, Chile, Colombia, Costa Rica, Croatia, Cyprus, the Czech Republic, Denmark, Egypt, Eritrea, Estonia, Finland, France, Georgia, Germany, Greece, Hungary, Iceland, Indonesia, Ireland, Israel, Italy, Japan, Jordan, Kazakhstan, Latvia, Lebanon, Liberia, Libya, Liechtenstein, Lithuania, Luxembourg, Malaysia, Maldives, Malta, Micronesia, Monaco, Montenegro, Morocco, the Netherlands, New Zealand, Nigeria, Norway, Palau, Panama, Paraguay, Peru, the Philippines, Poland, Portugal, Qatar, the Republic of Korea, Romania, Rwanda, Samoa, San Marino, Saudi Arabia, Senegal, Singapore, Slovakia, Slovenia, Somalia, Spain, Sweden, Switzerland, Thailand, Tonga, Tunisia, Turkey, Ukraine, the United Arab Emirates, the United Kingdom of Great Britain and Northern Ireland, the United States of America, Uruguay, Vanuatu and the Bolivarian Republic of Venezuela, .

The Council is ready to proceed to the vote on the draft resolution before it. I shall put the draft resolution to the vote now.

A vote was taken by show of hands.

In favour:

Angola, China, Egypt, France, Japan, Malaysia, New Zealand, Russian Federation, Senegal, Spain, Ukraine, United Kingdom of Great Britain and Northern Ireland, United States of America, Uruguay and Venezuela (Bolivarian Republic of)

The President (*spoke in Arabic*): The draft resolution received 15 votes in favour. The draft resolution has been adopted unanimously as resolution 2286 (2016).

I wish to warmly welcome the Secretary-General, His Excellency Mr. Ban Ki-moon, and I give him the floor.

The Secretary-General: Let me begin by welcoming the presence of Mr. Peter Maurer, President of the International Committee of the Red Cross (ICRC), and Ms. Joanne Liu, International President of Médecins Sans Frontières (MSF). The ICRC and MSF are our good partners, playing unique and vital roles in conflict and disaster areas. Through their leaders here today, I want to thank and commend all of their personnel for

their professionalism and dedication in serving people in danger and distress across the world.

Last week, MSF's head of mission in Aleppo underscored the urgency and importance of efforts such as resolution 2286 (2016), which has been adopted today. "No corner is being spared", he said. And he added: "Aleppo is already a shell of what it once was; this most recent assault appears determined to eliminate even that". He was reacting to an air strike, by all accounts by the Government of Syria, that destroyed a hospital, killing at least 20 people, including three children and the area's one and only pediatrician, Dr. Mohammed Wassim Maas.

Yet this appalling act was only the latest wartime assault on health care in Syria. Since the beginning of the conflict, Physicians for Human Rights has documented more than 360 attacks on some 250 medical facilities. More than 730 medical personnel have been killed. Today, almost half of all medical facilities in Syria are closed or only partially functioning. Millions of Syrians lack life-saving health care.

A similarly pattern of systematic destruction of health facilities is evident in Yemen. More than 600 medical facilities have closed because of damage sustained in the conflict and shortages of supplies and medical workers. Last year, the United Nations verified 59 attacks against 34 hospitals. In January this year, coalition air strikes hit the Shiara hospital, which serves around 120,000 people in Sa'dah governorate. Following the attack, pregnant women were reportedly forced to give birth in caves rather than risk travelling to the hospital. And last October in Kunduz, Afghanistan, a bombing by United States military destroyed another MSF hospital and killed dozens as patients were burned alive in their beds. These patterns are repeated in other conflicts, including in Iraq and South Sudan, where violence against health care is multiplying the difficulties of already fragile health systems.

Such attacks must end. When so-called surgical strikes end up hitting surgical wards, something is deeply wrong. Explanations ring hollow to parents burying their children and communities pushed closer to collapse. All too often, there is no respect for the sick and no sanctity for those who provide care. All too often, attacks on health facilities and medical workers are not just isolated or incidental battlefield fallout, but rather the intended objective of the combatants. This is shameful and inexcusable. In Syria, Government

forces systematically remove medical supplies from humanitarian convoys. In Syria and elsewhere, Governments impose cumbersome procedures that restrict access to health care. This is strangulation by red tape. It is violence by bureaucratic means rather than force of arms, but it is just as devastating.

Let us be clear. Intentional and direct attacks on hospitals are war crimes. Denying people access to essential health care is a serious violation of international humanitarian law. All State and non-State parties to conflict are bound by a strict obligation to respect and protect medical personnel, facilities and vehicles, as well as the wounded and sick. Parties to conflict must allow and facilitate the rapid and unimpeded passage of impartial humanitarian relief, including medical missions. These obligations are at the very heart of international humanitarian law. The Council and all Member States must do more than condemn such attacks. They must use every ounce of influence to press parties to respect their obligations. They must press for perpetrators to be held fully accountable.

The resolution that the Council has just adopted demonstrates the Council's determination to strengthen the protection of health care in armed conflict. For the sake of humanity, I urge all Member States, parties to conflict and other relevant actors to heed the Council's demands, facilitate humanitarian access, develop domestic legal frameworks that protect health facilities and medical workers, train armed forces so that they understand their obligations, and prosecute those responsible for such attacks and other violations.

The growing insecurity of medical services is part of a broader trend of blatant disregard for international law in armed conflict. Across the world, parties to conflict are disregarding the most basic rules of international humanitarian law and human rights law. Every day, civilians are deliberately or indiscriminately killed or injured. Densely populated towns and cities are pummelled by air strikes and heavy shelling. Millions of people have fled their homes into perilous and uncertain futures. Impunity compounds the crime.

Last October, President Peter Maurer of the International Committee of the Red Cross and I issued a joint statement calling on States to take urgent action to uphold international law and address human suffering. I repeat that call in the Chamber today. Even wars have rules; it is time to uphold and enforce them. No Government should stand by and watch the erosion

of safeguards for the protection of civilians in conflict. The international community must never become numb to flagrant abuses.

Affirming our common humanity will be a key theme at the World Humanitarian Summit to be held in Istanbul on 23 and 24 May, and it serves to highlight the importance and timeliness of that first-of-its-kind event. I encourage Member States to seize the opportunity of the Summit to take concrete action to uphold the norms that safeguard humankind. Our world confronts disasters of staggering size and complexity. One hundred and twenty-five million people need humanitarian assistance, and at least 60 million people have been forced to flee their homes or countries. The World Humanitarian Summit is the moment to come together to renew our commitment to preventing and ending crisis and to show that we are steadfast in reducing suffering and vulnerability. We need the full engagement and commitment of all partners, Governments and non-governmental organizations. We can strengthen humanitarian response and fulfil that duty to the world's most vulnerable only by working together. The success of the Summit is in your hands.

Finally, I appeal to Member States to work with greater intensity to find political solutions to end bloodshed and suffering. As the skies over Aleppo and other parts of Syria continue to be filled with barrel bombs and artillery fire, we must all work relentlessly to rescue the cessation of hostilities. That is crucial for saving lives and for the credibility of the political process and, indeed, once again, that of the Council.

The President (*spoke in Arabic*): I thank the Secretary-General for his briefing.

I now give the floor to Mr. Maurer.

Mr. Maurer: A couple of months ago, I stood in front of a four-story building — it was really more the shell of a building, completely bombed out, burned out and ripped apart, with steel cables sticking out from the load-bearing walls and rubble all around. The only indication that it had once been a hospital was a surgical lamp, miraculously still attached to the ceiling of the second floor. I was in Syria, but I could just as well have been in Afghanistan, South Sudan, Yemen or any other place.

It is a painful paradox that in times of greatest need the availability of health care is at its lowest. In war people are injured, malnourished and sick. Yet

the greater the need for medical treatment, the more difficult it is to obtain such treatment, because the few places and persons that can help come under attack.

I thank you, Mr. President, for inviting the International Committee of the Red Cross (ICRC) to brief the Council on such an important issue. I also thank the Secretary-General for his kind words at the beginning of this meeting, as well as for our good partnership and friendship throughout the year as we confront challenges such as the one we are discussing today.

The ICRC has found that 2,400 attacks against patients and health personnel, facilities and transports occurred in 11 conflict-affected countries over the course of three years. That is more than two attacks per day, every day, for three years. And we looked at only 11 countries in our study. Last year, the World Health Organization announced that 60 per cent of health-care facilities in Syria had been damaged or destroyed, while 25,000 people were being wounded every month. Stephen O'Brien, Emergency Relief Coordinator, has stated that, after a year of fighting in Yemen, one quarter of the country's health services have been destroyed or shut down. In 2015, the ICRC registered a 50 per cent increase in Afghanistan in the number of incidents against health staff and facilities, as compared with the previous year. That means one incident every three days, without considering how many incidents go unreported.

Not always, but far too often, such incidents, attacks and destruction constitute outright violations of international humanitarian law. It is no coincidence that the very first Geneva Convention, in 1864, pertained to the amelioration of the condition of the wounded and sick — to be precise, the wounded and sick in armed forces in the field. As wars and armed conflicts have evolved from taking place in open battlefields to urban areas, and from the use of pistols to mass shelling and bombardment by air forces, the wounded and the sick are no longer just those in uniform. The wounded and the sick now include Ramish, who was 9 years old when he stepped on a mine in Afghanistan. They include Mathilde, who was raped by fighters while she was harvesting her fields with her husband in the Democratic Republic of the Congo. They include the wife of Khaled in Syria, whom I met and who died during childbirth because there was no midwife or doctor to attend to her. And they include all the nameless patients in the hospital I mentioned at the beginning of my briefing.

Those are just a few examples of the human beings, and their stories, that the staff and volunteers of the Red Cross and Red Crescent Movement are confronted with in the field, every day, around the world. They show the impact of war on people but, more important, they show that medical treatment and health care at large are crucial in time of war. International humanitarian law therefore specifically protects medical personnel, facilities and transports precisely because they are indispensable in time of war. Not doing so risks multiplying the impact on health systems, which in turn risk unravelling, with an impact far beyond the region concerned and imposing a burden on future generations.

Attacking a hospital, threatening a doctor, coercing a nurse to give preferential treatment to armed fighters, hijacking ambulances, using patients as human shields — such acts are not collateral damage, they are not sad realities that we have to get used to. They are abominations to fight and trends to roll back.

The direct effects on health-care facilities, personnel and transports are grave, yet the indirect effects go even deeper. When a hospital run by Médecins Sans Frontières (MSF) in Yemen's Sa'ada province was destroyed in October 2015, it meant that 200,000 people instantly lost access to vital medical care. Five years into the war in Syria, the entire city of Rastan has one dentist left, for 120,000 people. Today the reality in too many war-torn countries is that if you do not die from shelling or fighting, you die because there is no dialysis equipment, no diabetes medicine, no antibiotics and no heart disease treatment. Death rates by communicable and non-communicable diseases often surpass death rates by weapons. That, for us as humanitarians, is an indicator that we are not confronted with mere temporary disruptions but with system disintegration. It is not just a hospital or a doctor affected; entire health systems unravel under the attacks on health facilities and personnel. The medical sector, alongside water, power and education infrastructure, is often the first in line to collapse under the cumulative impact of warfare, particularly in urban areas, when heavy explosive weapons are used. Where a lot of people live closely together and depend on infrastructure and public services that are all intertwined, the effects of attacks and destruction are greatest.

The ICRC, in a recent study, has summarized its experience with the successive disintegration of urban services for people in today's conflicts. What we see from the study is that humanitarian assistance is always

insufficient to cope with the progressive dismantling of social services over time. What is needed is a fundamental change of behaviour in warfare. The humanitarian consequences of the cumulative impact that results when essential infrastructure like hospitals is annihilated must be taken into account when balancing military necessity against the protection of civilians, in line with the provisions of international humanitarian law.

It is not true that the guiding principles of the conduct of hostilities in warfare are wrong or outdated. Rather, they need to be interpreted differently in today's environment. Much more weight has to be given to the impact on civilians and their protection in order to counter the decade-long trend in which civilians have borne the brunt of armed conflict or even become the very objective of attacks. Beyond the immediate, when attacks and the destruction of health infrastructure occur, efforts to reduce child mortality, improve maternal health and fight against diseases, such as polio, are wiped out in a matter of seconds. Rebuilding what has been destroyed will take years, if not decades. International humanitarian law and humanitarian action play a critical role as guarantors for development progress during violence and conflicts. If they are violated, that function unravels, and health-care services are particularly vulnerable and exposed.

I want to commend the Council for adopting resolution 2286 (2016) today. I know from my own experiences at the Organization that every comma actually has carefully been considered and negotiated, and the result is strong. In clear language, the Council has underlined the importance of international humanitarian law and called on States and all parties to armed conflict to comply with their obligations and develop effective measures to protect people's lives by preventing and addressing violence against medical personnel, facilities, transport and humanitarian personnel exclusively engaged in medical duties. The resolution marks a momentous step in the international community's effort to draw attention to a problem that we otherwise risk getting used to through the sheer frequency of its occurrence. We have not yet been desensitized by such attacks because we are still outraged after every one. But after outrage must come action, not complacency. Therefore, while the resolution is an important step, it must mark not the end of a political process but the beginning of a practical effort. I ask the Council to build on the momentum of

the resolution. States and non-State armed groups must respect their obligations under international law.

Everyone on the Council knows that the ICRC as an inherently pragmatic institution. We recognize the dilemmas that exist in times of war, and we recognize the difficult balance between, once again, military necessity and humanitarian imperative, between principles and pragmatism, between short- and long-term concerns, and between our role as advocates for victims and as interlocutors of parties to conflicts to mitigate the effects of warfare on civilians and civilian infrastructure. We are committed to principled pragmatism. Norms and accountability for such norms are an important side of the medal. Condemnations are first and foremost political, not humanitarian acts. As humanitarians, we engage to change behaviours and prevent violations of international humanitarian law, thereby protecting people.

As members of the Council know, we engage with everyone who can make a difference, and the first in line are medical practitioners themselves. Therefore, together with the World Medical Association, the International Committee of Military Medicine, the International Council of Nurses, the International Pharmaceutical Federation, the International Federation of Medical Students Associations and the World Confederation for Physical Therapy, we have drawn up a document entitled "Ethical principles of health care in times of armed conflict and other emergencies". Those organizations today represent 30 million health-care professionals from the civilian and military realms, who now have a practical tool to guide them in their daily work.

Several members of the Council already know first-hand how we work because we have built jointly with them a constructive relationship of deep operational engagement, feedback, dialogue and corrective measures with regard to the conduct of hostilities. I am here today not to cry outrage, but to offer the ICRC's help and constructive engagement to move out of the deep contemporary crisis of health systems in armed conflicts. I would like to propose to the Council five work streams to ensure that the resolution that was adopted today is not only text but also a spirit that is respected in the middle of war.

First, we should align domestic legislation and encourage other States to follow suit, in line with obligations under international law and with

ethical principles of the medical sector. Secondly, military personnel should be trained to minimize disruptions to health-care services, while safeguarding legitimate security concerns. Thirdly, local health-care organizations should be supported to maintain minimum service through specific and tailor-made solutions. Fourthly, the legal protection for patients and health-care workers should be improved by ensuring the proper use of protective emblems, enhancing legal protection for medical ethics and addressing violations. And fifthly, we must ensure that every weapons transfer is done with an assurance to respect international humanitarian and targeted trainings that focus on the protection of medical personnel and facilities.

As an organization working on the front lines of conflicts, we take resolution 2286 (2016) as a critically important political signal and as an encouragement to bear fruit on the ground. As a neutral, impartial and independent humanitarian actor, we are aware that ours cannot be the task to use the resolution, or international humanitarian law in general, as part of a public argument indicting counterparts for violations of norms. Front-line negotiations will need skilled negotiators seeking the consent of parties in order to create an environment in which the key objectives of the resolution can be concretized and implemented through practical agreements amongst belligerents. We need to be cognizant of the tension between the political guidance that the Council is offering today on such an important issue and the practical challenges in contexts of war that frame the work of humanitarian actors on the ground. That is an additional reason, should we need one, that a regular exchange between the Council and front-line organizations like MSF and the ICRC are of such critical importance.

I told the Council about the destroyed hospital that I saw in Syria a few months ago. What I did not say is that since its destruction, doctors, nurses and volunteers continue to work in the basement of the hospital. Once a space to stock materials, it has been transformed into a micro-version of a hospital. In one former storage room, premature babies lie in a few generator-powered incubators that were not demolished by shelling. The hospital may be all but destroyed, but humanity still lives on.

Humanity in war is what we demand. As we said earlier, at the ICRC even wars have limits because wars without limits are wars without ends. Health-care personnel and facilities are the outer frontier of those

limits. Today, with the adoption of resolution 2286 (2016), the Council has reaffirmed the relevance of the laws of war and the basic humanitarian consensus enshrined in the Geneva Conventions. To demand that they be respected through practical measures is the most decisive next step the Council can take to ensure that humanity in war is a reality and not just an ideal.

The President (*spoke in Arabic*): I thank Mr. Maurer for his briefing.

I now give the floor to Ms. Liu.

Ms. Liu: Wednesday's air strikes obliterated Al-Quds Hospital in Aleppo. They blew apart at least 55 men, women and children. An air strike killed one of the last remaining paediatricians in the city: a murderous air strike.

There were almost 300 air strikes in Aleppo over the past 10 days. Civilians, often in crowds, were repeatedly struck. What are individuals in wars today — expendable commodities, dead or alive? Patients and doctors have become legitimate targets. Women, children, the sick, the wounded and their caregivers are condemned to death. Stop those attacks.

I went to Kunduz, Afghanistan, following the United States attack on our trauma centre on 3 October 2015. One of the survivors, a Médecins Sans Frontières (MSF) nurse whose left arm was blown off during the relentless air strike, told me something that haunts me daily. He said that, when fighting erupted in Kunduz, MSF staff were told that its trauma centre was a safe place. Over and over again, we said that. He told me,

"We believed you, but did you know that we would be bombed?"

I told him that until 3 October I truly believed that the hospital was a safe place. I cannot say that anymore about any medical facilities on the front lines today.

In Afghanistan, the Central African Republic, South Sudan, the Sudan, Syria, Ukraine and Yemen hospitals are routinely bombed, raided, looted or burned to the ground. Medical personnel are threatened. Patients are shot in their beds. Broad attacks on communities and precise attacks on health facilities are described as mistakes, are denied outright or are simply met with silence. In reality, they amount to massive, indiscriminate and disproportionate civilian targeting in urban settings and, in the worst cases, they are acts of terror. The effects of attacks against health facilities

go far beyond those immediately killed and injured. They serve to demolish routine and life-saving health care for all. They make life impossible, all stop.

On 26 October 2015, a Saudi-led coalition air strike hit an MSF hospital in the Haydan district in northern Yemen, leaving at least 200,000 people without life-saving care. It was the first of three MSF facilities partially or completely destroyed in Yemen during a period of three months.

Attacks on MSF facilities provide only a glimpse into the brutality of war. Attacks on other hospitals and clinics, as well as schools, markets and houses of worship, are routine. Local health workers bear the brunt of those abuses. We are at a deadly impasse. We can no longer assume that fully functioning hospitals — in which patients are fighting for their lives — are out of bounds. Hospitals and patients have been dragged onto the battlefield.

In Jasin, a town in southern Syria, citizens have protested in front of a hospital to prevent its reopening. They know what happens to functioning hospitals. We are facing an epidemic of attacks on health facilities, impeding our ability to do our core work. To date, our calls for independent investigations have gone unheeded. Accountability begins with independent and impartial fact-finding. Perpetrators cannot be investigators, judges or juries.

Make no mistake: we will relentlessly denounce attacks on health care. We will speak out loudly and with force about what we witness in the field. Medicine must not be a deadly occupation. Patients must not be attacked or slaughtered in their beds. As physicians, we take an oath when we join the medical profession to treat everybody, every individual, regardless of who they are and regardless of their religion, their race or on which side they may fight — even if they are wounded combatants or if they are labelled as criminals or terrorists.

Hospitals must not be attacked or forcibly entered by armed personnel, including to search for and capture patients. To turn our backs on those basic principles is to turn our backs on the foundation of medical ethics. Medical ethics cannot be buried by war. The neutrality of wartime medical care cannot be stamped out by State sovereignty or domestic law, especially in an age of counter-terrorism and counter-insurgency characterized by shifting alliances and murky rules

of engagement. While the nature of warfare may have changed, the rules of war have not.

The Council is charged with protecting peace and security. Yet four of the five permanent members of the Council have, in varying degrees, been associated with coalitions responsible for attacks on health-care structures during the past year. Those include the NATO-led coalition in Afghanistan, the Saudi-led coalition in Yemen and the Russian-backed, Syrian-led coalition. The Council therefore must live up to its extraordinary responsibilities and set an example for all States. I repeat: stop those attacks.

The discussion here today cannot amount to empty rhetoric. Resolution 2286 (2016) cannot end up like so many others, including those passed on Syria over the last five years, which have been routinely violated with impunity.

Health care in Syria is systematically targeted and besieged areas are cynically denied medical care. I exhort the Council to uphold its obligations, ensure the protection of the impartial provision of health care in conflict, and support health workers in fulfilling their obligations to treat every sick and wounded person without discrimination. Dr. Maas, the paediatrician murdered in Aleppo last week, was killed for saving lives. Today, we remember his humanity and bravery, which he shared with so many patients, nurses, doctors, communities and MSF staff caught up in areas of conflict. For their sake, the Council must translate this resolution into action. It must recommit unambiguously to the norms that govern the conduct of war. This resolution must lead to all States and non-State actors stopping the carnage.

Council members must also pressure their allies to end attacks on health care and populations in conflict areas. We will not leave patients behind, and we will not be silent. Seeking or providing health care must not be a death sentence. The Security Council will be judged not on its words today, but on its actions. The Council's work has only begun. I urge it to make resolution 2286 (2016) save lives.

The President (*spoke in Arabic*): I thank Ms. Liu for her briefing.

I shall now give the floor to the members of the Security Council.

Mr. Yoshikawa (Japan): It is very difficult to be the first speaker after having heard sobering stories

and strong appeals from the Secretary-General, the President of the International Committee of the Red Cross (ICRC) and the International President of Médecins Sans Frontières (MSF), but I will try my best.

My delegation is very proud to have worked with other authors in the preparation of resolution 2286 (2016), which we adopted this morning: Egypt, New Zealand, Spain and Uruguay. I also thank the many Member States that have joined us as sponsors of the resolution. I am very happy to note that there are 19 sponsors from the Asia-Pacific Group. Finally, I would like to acknowledge the work of the Group of Friends of the Protection of Civilians in Armed Conflict, led by Switzerland, as well as the initiative taken by Uruguay as President of the Security Council in the month of January to hold an open debate on the protection of civilians in armed conflict (see S/PV. 7606).

The Geneva Conventions provide that medical personnel and medical facilities shall be respected and protected at all times. Therefore, they shall not be the object of attack. There is no room for argument on this point. Today's resolution does not focus on any specific conflict areas. However, I have to say that the situation in Syria, in particular in Aleppo, vividly illustrates the importance of this issue.

Despite this universally accepted legal principle, medical personnel and medical facilities are exposed to attacks in armed conflicts, and the situations are getting worse. In its effort to tackle this question of compliance with international humanitarian law, the Security Council adopted resolution 2175 (2014), which aims to ensure the safety and security of humanitarian personnel. However, as the Secretary-General, Mr. Peter Maurer of the ICRC and Ms. Liu of MSF brought out in detail, attacks against medical personnel and medical facilities are considerably increasing. To add but one example, the United Nations Assistance Mission in Afghanistan and UNICEF documented 125 incidents affecting access to health care in Afghanistan in 2015, which included 20 health workers killed, 43 injured and 66 abducted. That is more than double the number of incidents in 2014, which was 59.

Facing this grave situation, we believed it urgent and necessary to adopt a resolution focusing exclusively on the protection of medical personnel and medical facilities. I was very pleased to witness the unanimous adoption of the resolution today. Resolution 2286 (2016) sends a strong message from the Council

condemning attacks on medical personnel and facilities and demanding that all parties to armed conflict ensure respect and protection for these personnel and facilities.

The next step is the implementation of the resolution by the international community. All States Members of the United Nations should demonstrate their commitment to strengthening compliance with international humanitarian law. In this context, I would like to see further deliberation on the comprehensive mechanisms to encourage relevant parties to undertake such compliance. Although this subject was discussed intensively at the International Conference of the Red Cross and Red Crescent in Geneva last December, we failed to reach an agreement. I hope that viable mechanisms for ensuring compliance with international humanitarian law could be established in the near future through an inclusive process.

With resolution 2286 (2016), the Security Council strongly urges States to develop effective measures to prevent attacks against medical personnel through the development of domestic legal frameworks. This, I understand, is ICRC President Maurer's number-one proposal. I believe that this approach would lead to ending impunity and ensure accountability. In this regard, I wish to share with the Council that Japan has provided assistance to such countries as Myanmar, Cambodia and Iraq, for the purposes of developing domestic legal frameworks by sending experts and conducting training programmes. The role of States with influence on the ground is of particular importance for the effective implementation of today's resolution. The role of the Secretary-General to alert the Council on any obstructions or acts of violence is also important.

I wish to conclude by paying tribute to all the humanitarian personnel who are working under very serious circumstances of conflict and by stating that Japan will continue to play an active role in the area of humanitarian assistance and international humanitarian law.

Mr. Van Bohemen (New Zealand): We would like to thank the Secretary-General, Mr. Peter Maurer, the President of the International Committee of the Red Cross (ICRC), and Ms Joanne Liu, International President of Médecins Sans Frontières (MSF), for their briefings. I also want to pay tribute to the workers of the ICRC and MSF and other humanitarian organizations for the very difficult work that they do.

The adoption of resolution 2286 (2016) comes at a time when health-care workers and facilities are, quite literally, under fire in a number of current conflicts, most of which are on the Security Council's agenda. In Afghanistan, South Sudan, Syria and Yemen, hospitals and other medical facilities have been attacked by parties to armed conflict. Health-care workers have been killed and injured, kidnapped, harassed and intimidated for carrying out their medical duties.

Urgently needed medical supplies have been routinely blocked or removed from aid convoys by protagonists who have sought to deny access to health care in order to achieve military objectives. This alarming trend shows no sign of abating as the attacks on medical facilities in and around Aleppo starkly illustrate. The consequences of such actions are measured not only in the immediate loss of human life but also in the longer-term disruption to health-care systems that are often already severely overstretched. The destruction of one hospital can affect the delivery of health-care services to tens of thousands, if not hundreds of thousands, of people. Such consequences endure well beyond the end of hostilities.

The Council has spoken today with one voice to deliver a firm response to this growing global problem. We are shining a light on behaviour that is becoming all too prevalent, but should not be happening. The law is clear and so is our message. The wounded and sick, medical personnel, facilities, transport and equipment must be respected and protected. The delivery of medical assistance must not be obstructed. It is that simple.

Resolution 2286 (2016) unequivocally condemns attacks on health-care workers and health-care facilities. It reaffirms the laws of armed conflict that recognize the protected status of medical missions, the sick and the wounded. It recalls key international humanitarian law principles of distinction and precaution and the prohibition against indiscriminate attacks. It stresses the need for medical personnel to be able to uphold their professional codes of ethics, including the duty to provide impartial care. It demands that parties to armed conflict facilitate safe and unimpeded passage for medical personnel, their equipment, transport and supplies to all in need. Let us be clear: those legal requirements already exist. Some of them are among the oldest rules of international humanitarian law. The problem is one of respect and compliance.

On the practical side, the resolution emphasises the importance of education and training in applicable international humanitarian law and its integration into the practice of armed forces. It also stresses the need to end impunity and urges States to take action to ensure accountability.

As Mr. Maurer has pointed out, modern warfare, as we are seeing played out in Syria and elsewhere, makes it all the more important that international humanitarian law be respected. We fully endorse the call for principled pragmatism in its application.

Importantly, today's resolution requests the Secretary-General to brief the Council annually on the implementation of the resolution. New Zealand hopes to see the participation of relevant organizations and civil society at those briefings.

As Ms. Liu has told us, our work today on this issue is only just beginning. We expect her and the International Committee of the Red Cross to hold us to account.

Today's resolution is also significant from a working methods perspective. Five elected members cooperated in developing the text. Close consultation with all Council members and openness to negotiation enabled its unanimous adoption. Key stakeholders, including the International Committee of the Red Cross and Médecins Sans Frontières, were also closely engaged in the process. We are grateful for their support.

Lastly, let me pay tribute to my Deputy, Mrs. Carolyn Schwalger, and her team for their leadership on this initiative.

Mr. Oyarzun Marchesi (Spain) (*spoke in Spanish*): I thank the Secretary-General for being with us today. I say this very sincerely because I think that, among the people in the Chamber, he is one of the ones who has travelled the most and who has witnessed the abuses that have been committed against hospitals and doctors in different parts of the world. I therefore think it is excellent that he is with us today.

I also thank the President of the International Committee of the Red Cross. It was a pleasure to work with him when he was an Ambassador at the United Nations. It is also a pleasure to see how effectively he leads that organization and that he fully appreciates what it means to negotiate a Security Council resolution. I also thank Ms. Joanne Liu for her impressive and heartfelt briefing, which really touched us. In addition, I

thank and pay tribute to our experts from the Permanent Mission of Spain for their hard work leading up to the adoption of resolution 2286 (2016).

In January 2015, a warplane dropped 13 cluster bombs on a Médecins Sans Frontières hospital in Frandala, which served 150 people at that time. Council members may ask why I start by mentioning that example. It is very simple: because my country had just joined the Security Council and the news of that event affected us very strongly. We have now completed two thirds of our term in the Security Council. Throughout that time there has not been a single day when there was not an attack against doctors or hospitals in different places around the world. The first news I read upon waking up this morning was about an attack against a hospital in Aleppo. That attack has already been condemned by the International Committee of the Red Cross. Such attacks are so frequent that, unfortunately, we will wind up becoming used to them, and yet we should have zero tolerance for them. There is no reason, no circumstance, that can justify an attack against a hospital. In any conflict situation, clinics and health centres make their location known to combatants. Just a few days ago I heard Stephen O'Brien say that, for civilians in a conflict situation, the most dangerous thing was to live near a medical centre (see S/PV.7682). That is a sad truth, because hospitals often maintain open channels of communication, including with terrorists when necessary.

Some attacks are caused by technical mistakes or human error. In those cases, the equipment, the training and the rules of engagement need to be adapted so that those kinds of mistakes can be avoided in the future. However, other attacks are absolutely deliberate. That is why the resolution calls for investigating incidents and taking measures against the perpetrators. The Syrian soldier who steals surgical equipment from a medical convoy in broad daylight has to know that one day he will face trial. Doctors in Aleppo today are forced to work underground because they are aware that their lives are hanging by a thread. We need to change that situation, acknowledge the sacrifices they are making and not be afraid to demand accountability from those who are responsible.

The resolution envisions other aspects of medical assistance in conflict that may not receive as much attention in the media. We lack a lot of information. There is no detailed picture of all the attacks that are committed against doctors and hospitals around the

world. We all know, for example, that there have been multiple air strikes against hospitals in various parts of Yemen since the hostilities began more than year ago. However, what is less known are the kidnappings of the personnel of the International Committee of the Red Cross, which unfortunately occur more frequently than we think, whether it be in Yemen and the rest of the Middle East, Somalia or the Sahel. We also need to make sure that we uphold the ban on punishing doctors for simply fulfilling their mandate. I will explain a bit more. As we heard earlier, the doctor of your enemy is not your enemy.

In drafting this resolution we had the privilege of getting to know better the specialized organizations that are dedicated to providing medical assistance in dangerous areas. They are idealistic, but they do not expect miracles. We were also surprised by the pragmatism of the two briefers. They only request was that everyone comply with the rules of the game, because even war has a minimum set of rules that need to be respected. Today's briefers are ready to do whatever it takes. I noticed one very apposite phrase uttered by Joanne Liu today that I think everyone probably remembers, "We will not leave patients behind". Thank God for that statement and for everything that it signifies.

That is why we welcome the fact that resolution 2286 (2016) enjoyed the sponsorship of no less than 85 States. We interpret each one of those sponsorships as silent support for the thousands of doctors, nurses, ambulance drivers who, while we are meeting here, are saving lives in the most difficult circumstances in various corners of the planet. They certainly deserve the moral and political recognition of the Security Council. They also deserve that the Security Council review at least once a year the measures taken to improve their protection.

In conclusion, Spain would like to thank the members of the Council who have supported this initiative — our travel companions — above all, Egypt, Japan, New Zealand and Uruguay, which helped draft the resolution, as well as the five other elected members of the Council, who were the first to add their names to the resolution. I would also like to thank the five permanent members of the Council, which participated actively in the negotiations and will play an essential role in implementing the resolution. We often use the term "constructive engagement". Sometimes it appears to have somewhat lost its meaning. In this

case, it really describes very aptly the spirit that has guided the negotiations on resolution 2286 (2016). It involved a true team effort, and I am sure that the actual implementation of this resolution will also be a team effort.

Allow me at the very end to express personal gratitude to my team, to Counsellor Alejandra del Río Novo and Counsellor Mrs. Maria Palacios Pallacios, who have worked for weeks behind the scenes in the negotiations on this resolution. I would also like to thank my Egyptian colleague, because I cannot imagine a better way to start a presidency.

Mr. Rosselli (Uruguay) (spoke in Spanish): First, I would like to express our satisfaction at the presence of the Secretary-General in the Chamber. More specifically, we acknowledge the presence of the president of the International Committee of the Red Cross, Mr. Peter Maurer, and the international president of Médecins Sans Frontières, Ms. Joanne Liu. In their individual briefings, they not only provided useful perspectives but also eloquent accounts that spoke volumes about the situation that we hope resolution 2286 (2016) will bring some influence to bear on.

We must remember that the adoption of the resolution by members of the Security Council and the many delegations that co-sponsored it are also signs of the commitment of States Members of the United Nations to abide by their obligations and deliver on them. However, we must also be mindful that many events, if not the majority of them, that we are trying to address through this resolution involve violations that have been perpetrated by the armed forces of some Member States of this Organization. We hope, therefore, that this will not be just another empty exercise where we make commitments that will then fall by the wayside.

We are very concerned that both human rights and international humanitarian law are being continuously violated and ignored with total impunity in many regions of the world. The current asymmetric conflicts, involving many opposing parties, including non-State actors, make it all the more necessary today for humanitarian personnel, who carry out medical tasks in war zones, to be protected. However, the deliberate targeting of such personnel and their health facilities has become a distinctive tragic aspect of the current conflicts, as those personnel and facilities find themselves becoming increasingly vulnerable.

As previous speakers have said, in the recent past we have observed with alarm and concern the sinister and growing trend of attacks against hospitals and medical personnel, which is a scourge in those areas ravaged by violence. Such attacks very often occur within a framework of growing impunity for violations of international humanitarian law. Thousands of people are left defenceless, threatening the lives of humanitarian personnel, who are performing medical tasks with dedication and selflessness by providing health services to populations trapped in conflict areas and providing a glimpse of humanity amidst the cruelties of war. The attacks and bombings against medical facilities in South Sudan, Iraq, Afghanistan, Yemen, Syria and other places, which have been reported in the international news, demonstrate that those attacks can occur in any part in the world that is beset by war.

Respect for international law, which frames international humanitarian law, is a guiding principle for my country's foreign policy. For Uruguay, attacks and violence against medical facilities and medical personnel in the context of conflict, in flagrant violation of international humanitarian law, are totally reprehensible and unacceptable. Those who are responsible must be held accountable, sooner or later. We believe that the Security Council and its members have an important role to play and a moral and legal responsibility to do everything in their power to ensure that situations involving the violations of the most basic human rights and international humanitarian law are not repeated.

In that regard, and together with Egypt, Spain, Japan and New Zealand, we engaged in an intense round of consultations that culminated in the introduction of this resolution, based on the conviction that the current situation facing the international community requires effective measures to prevent such unacceptable acts. Many of us welcome the adoption of resolution 2286 (2016), and we can only hope that it will be useful for the protection and security of the organizations that are providing medical and humanitarian assistance on the ground.

I must, in conclusion, render homage to the humanitarian personnel who are carrying out medical tasks with great courage and total dedication. Many of them have sacrificed their own lives to carry out their work and to save the lives of many other human beings trapped in those armed conflicts.

Mr. Rycroft (United Kingdom): I join others in thanking the Secretary-General, the president of the International Committee for the Red Cross and the international president of Médecins Sans Frontières for their important briefings today. The Chamber is far removed from the harrowing realities that their presidents have just described and that their organizations have sadly experienced at first hand. I pay tribute to their bravery and to that of their colleagues. It is vital that we hear from all of them on issues as important as this.

The United Kingdom welcomes today's unanimous adoption of resolution 2286 (2016) and the work of Egypt, Japan, New Zealand, Spain and Uruguay in preparing it. Coming three weeks ahead of the World Humanitarian Summit, it is a clear signal on the part of the Council of the vital need for respect for international humanitarian law, for the protection of civilians and for accountability for those who fail to show that respect or protection.

Medical facilities and personnel have clear protection under humanitarian law. However, as we have heard, it is sadly repeatedly necessary to demand compliance with those obligations, as we are doing through today's resolution. Respect for medical neutrality is a tradition that has existed for hundreds of years, but it is slowly unravelling before our very eyes. The red cross or crescent symbol that adorns a hospital or ambulance has become a target, whether in Syria, Yemen, South Sudan or Afghanistan. A hospital must be a safe place, not a target. An ambulance must be a sign of hope, not a target. A doctor or nurse must be a ray of light, not a target. The doctors of Aleppo know that all too well, as the Secretary-General himself reminded us and as is shown by the reports today of yet another attack on a hospital there.

In a joint letter issued last week, seven Syrian doctors described the bombing of the Al-Quds hospital, which killed at least 50 people and injured 60 more. It was the third such attack on the hospital since the conflict began. "The city is bleeding", they wrote. They went on to say that their friends, the White Helmets, continue to pull bodies out from the rubble, that those attacking Aleppo have no regard for the sanctity of life or humanity and that soon there will be no medical professionals at all.

In a war seemingly without end and without rules or limits, it is sometimes hard to be shocked. But when

a city — no, an entire country — is bleeding, it is sickening to see doctors and nurses, the people who can staunch that bleeding, being killed and maimed. In that attack, a leading Syrian paediatrician, Dr. Muhammed Wassim Maas, was killed. To those who knew him, he was the bravest and kindest of souls. His devotion to treating the war's youngest victims was unparalleled. By day he worked in the children's hospital; at night he responded to emergencies at the Al-Quds hospital. As his friend Dr. Hatem put it so poignantly on Facebook this week, he was killed for saving lives. Dr. Maas should have been supported and protected, even celebrated. Instead, he was killed while trying to save others. And his story is just one of hundreds to be found in Syria.

Over the past five years, the civil-society group Physicians for Human Rights has recorded 730 killings and 359 attacks on medical facilities. That are three medical workers killed every week and a medical facility attacked every five days. At the same time, we have seen medical equipment and surgical supplies diverted away from opposition areas. In February, the Syrian regime denied entry to besieged areas to 80,000 medical items, and to 19,000 in March. The regime is also stopping urgent medical evacuations from those areas. The consequences are horrifying: two children injured in a landmine explosion in Bukkin died after being denied the evacuation they desperately needed.

Taken together, that amounts to nothing less than a systematic campaign against medical workers and the entire health-care system in Syria. We all know who is responsible. The Al-Assad regime has killed Syrian civilians time and again. Time and again, it has killed medical workers trying to save those civilians. Time and again, it has flouted its obligations under international humanitarian law. If Russia genuinely believes in the commitment that we have all just made to protecting medical workers, it must bring its full influence to bear to restrain the Al-Assad regime and bring its merciless attacks to an end.

Today's resolution sends the important message that the Council will not tolerate attacks on any medical workers or their facilities. We now have to live up to the standards that we have just committed to. Let us start today. The Council has a responsibility to respond to horrific attacks such as the one on the Al-Quds hospital that took the life of Dr. Maas and so many others. Aleppo is burning, and its civilians are being killed. We therefore request that the Secretary-

General give an urgent, open briefing in this Chamber on the situation there. We look to you, Mr. President, and to the Secretariat, to convene such a briefing as a top priority.

Mr. Gaspar Martins (Angola): Since this is the first public meeting to be held under your presidency, Sir, I would first like to congratulate you and the delegation of Egypt on your assumption of the presidency and your convening of today's very timely briefing on the critical issue of the protection of civilians, with particular emphasis on medical and humanitarian personnel, hospitals and other medical facilities. I would also like to welcome and thank the Secretary-General, who was here earlier, as well as Ambassador Peter Maurer of the International Committee of the Red Cross and Ms. Joanne Liu of Médecins Sans Frontières — the organization that is present in so many of the theatres that we have heard about this morning and that is doing what we would like to see many more doing, not just the 35,000 who are its members, as Ms. Liu pointed out this morning.

Angola is honoured to be a sponsor, along with other States, of resolution 2286 (2016), which we just adopted today.

Attacks on medical and humanitarian personnel engaged in medical duties and on their means of transport and equipment, as well as on hospitals and other medical facilities, are flagrant violations of international humanitarian law as enshrined in the 1949 Geneva Conventions and their Additional Protocols of 1977 and 2005, as well as the Convention on the Safety of United Nations and Associated Personnel and its Optional Protocol. Today's resolution also represents a meaningful contribution to making the parties to conflicts aware of the gravity of such attacks and making their perpetrators accountable for their criminal deeds, which are in absolute contravention of international law. At the same time, the resolution also strengthens the United Nations agenda on the protection of civilians.

Since the Security Council's adoption of its first resolution on the protection of civilians (resolution 1265 (1999)), it has emphasized the importance of protecting humanitarian and health-care personnel in various country-specific and thematic resolutions. However, despite the robust normative framework established by the Council, the General Assembly and other international bodies, and the strengthening

of human rights mandates in peacekeeping missions, a great deficit remains in the protection of civilians in situations of rampant conflict. Today's adoption of resolution 2286 (2016) helps to fill that gap. Now is time to proceed with the implementation of the resolution.

We are deeply concerned by reports highlighting attacks on health-care workers and medical facilities in conflict zones. Shootings, kidnappings, physical violence and aerial bombardments are a part of daily life in countries such as Afghanistan, Syria, Iraq, Pakistan, South Sudan, the Central African Republic, Somalia and Yemen, among others. This year the number of attacks on medical facilities, as well as the number of deceased, increase daily in a rampage of irrationality.

Ms. Joanne Liu and Mr. Peter Maurer have shared with the Council sobering stories of the prevailing reality in a number of conflict zones. The appeal they have launched and presented to the Council should be, without a doubt, enough for us to heed and respond positively. The recent death in Aleppo of Dr. Wassim Maas, a humanitarian hero and the last paediatrician in the city who, with his bare hands, struggled to give some hope to the children of the martyred city, bears witness to that.

In conclusion, we condemn all attacks on health-care and humanitarian workers and facilities for their disadvantageous impact on people in need, who have their access to health care and humanitarian assistance totally obliterated. We call on all parties to armed conflicts to fully comply with their obligations under international humanitarian and human rights law, and to ensure the respect and protection of all medical and humanitarian personnel, as well as hospitals and other medical facilities. We urge parties to the conflict to facilitate safe, rapid and unimpeded passage for medical and humanitarian workers and their access to all people in need of protection and assistance. That would be an adequate response to the appeal we heard this morning in the Council.

Mr. Yelchenko (Ukraine): I would like to congratulate Egypt on its assumption of the presidency for the month of May.

It was our honour to co-sponsor resolution 2286 (2016), which was just adopted. We are grateful to the delegations of Egypt, Japan, New Zealand, Spain and Uruguay for their timely initiative, as well as for taking on board Ukraine's proposals.

We thank the Secretary-General for his valuable contribution to our debate. However, our main thanks should go to today's briefers. We highly appreciate the work their staff has been doing for years.

Although the protection of civilians in armed conflict has become an increasingly complex challenge, this complexity must not in any way dissuade us from our collective efforts to address the issue. Armed conflicts inflict all kinds of hardship and suffering on civilians. It is our deeply held conviction that all sides in conflicts have both a legal and a fundamental moral obligation to provide all possible medical care for the sick and injured, as well as to protect medical personnel, who often put themselves in harm's way to save lives.

Yet, in today's conflicts hospitals are increasingly becoming common targets. When medical facilities come under shelling or bombs, it is an unspeakable tragedy. When they are attacked on purpose, it is an example of abhorrent barbarism that has to be combatted in our presumably civilized times. What is really horrific is that the number of such instances continues to grow. We are seeing it happen in Afghanistan, Yemen and elsewhere. Especially worrying is the situation in Syria, where there have been dozens, if not hundreds, of attacks against medical facilities. In the past six months that trend has only gotten worse.

Last week's attacks on the Al-Quds hospital in Aleppo reminded us of the enormous difficulties and dangers that health workers face every day. Two doctors, including the only paediatrician in the city, three medical support staff and dozens of patients, among them children, lost their lives in this horrific incident. It cannot be left without reflection. Therefore, we fully support the request just made by the delegation of the United Kingdom for a briefing on Aleppo. It speaks volumes about the horrendous humanitarian situation in Syria and the complete disregard for all relevant norms of international humanitarian law.

Attacks on medical facilities are a blatant violation of international law. Strict and long-established norms of international law provide for an absolute inviolability of medical facilities and workers in conflict zones. Physicians for Human Rights, a non-governmental organization that documents and advocates against mass atrocities and severe human rights violations around the world, reported 16 attacks on Syrian hospitals in October 2015 alone. According to that

organization's data, since 2011 at least 610 medical personnel have been killed in Syria. Furthermore, 183 medical facilities in that country have been the targets of military attacks on 233 occasions.

The World Health Organization reports that more than 99 health facilities, including hospitals and clinics, have been damaged or destroyed in Yemen. Attacks on health facilities and personnel in Afghanistan have risen 50 per cent in the past year, as per data of the International Committee of the Red Cross. The United Nations Assistance Mission in Afghanistan reports that in 2015, health workers and institutions in this country were subjected to arbitrary searches by Government forces, threats from armed groups, looting and abductions.

It is of utmost importance that those responsible for such war crimes be held accountable. Ukraine calls on all States to cooperate fully with existing international criminal justice institutions, including the International Criminal Court, to combat impunity and to ensure respect for international humanitarian law.

The terrible statistics I have just mentioned make the resolution adopted today all the more topical. The Security Council is uniquely positioned to send a strong message concerning this problem. That is why we hope that resolution 2286 (2016) will serve as a clear political signal to all parties concerned that the Security Council will remain extremely vigilant on the issue of the protection of humanitarian, medical and health-care workers and medical facilities in situations of armed conflict. As Ms. Liu so emotionally put it only moments ago, we should make this resolution save lives.

Mr. Zagaynov (Russian Federation) (*spoke in Russian*): Since this is the first official meeting of the Security Council in May, we would like to start by thanking the delegation of China for its skilful and effective leadership as President during the month of April. We would also like to congratulate our Egyptian colleagues on the start of their presidency, and wish them every success this month.

We welcome the initiative to convene this meeting and wish to thank the Secretary-General, the President of the International Committee of the Red Cross, Mr. Peter Maurer, and the International President of Médecins Sans Frontières, Ms. Joanne Liu, for their participation in this meeting and their contribution to this discussion.

Protecting humanitarian personnel, including medical personnel, is one of the most important aspects of the whole issue of protecting civilians. The provision of medical assistance to those affected by armed conflict has become not only one of the most sorely needed activities, but also one of the most dangerous. The Security Council has more than once called on parties to armed conflict to comply strictly with the provisions of international humanitarian law and to take all necessary steps to ensure the security of those who provide humanitarian and medical assistance to affected populations. This idea is also invoked in resolution 2286 (2016), which we have just adopted. There is no doubt that we need to consider this issue in the broader context of conflict resolution and of the tasks facing the Security Council in this area.

In examining the issue of the security of medical facilities and personnel, all United Nations bodies, including, of course, the Security Council, must be guided by fully verified, reliable information. In this context, it is particularly important that the reports of the Secretary-General to be submitted in accordance with the resolution we have just adopted include only verified and reliable information. It is unacceptable that unverified reports of attacks against hospitals taken from unreliable sources are fed to the media and then used for political pressure for short-term objectives. In particular, we are not able to corroborate the accusations levelled against the Russian air force of violations of international humanitarian law in Syria.

The key responsibility for protecting humanitarian personnel and other individuals entitled to special protection under the Geneva Convention of 1949 lies with the parties to armed conflict, which have the primary responsibility for ensuring the protection of the civilian population. However, we occasionally witness brutal disregard for the norms of international law, which stipulate that hospitals that provide assistance to those who are suffering can under no circumstances be the targets of attacks. To this can be added the dispiriting numbers of murders, attacks and abductions against medical workers carried out by terrorist organizations, especially the Islamic State in Iraq and the Sham.

What is particularly unacceptable is when medical personnel suffer at the hands of those who are supposed to protect them. Late last year, for example, owing to the indiscriminate use of force, Médecins Sans Frontières hospitals were damaged in different cities of Yemen. In October 2015, there was an air strike against a Médecins

Sans Frontières hospital in Kunduz, in Afghanistan, and similar attacks have occurred in other countries.

So far we have not been able to significantly improve the security of humanitarian and medical personnel, including doctors, who are working in dangerous conditions. Against this backdrop, additional efforts must be made by States Members of the United Nations and humanitarian organizations to strengthen mechanisms aimed at ensuring the protection of such personnel.

We must also remember the high degree of responsibility that medical personnel bear vis-à-vis society. Often people's lives depend on their work. An important precondition for the effective protection of humanitarian organizations and medical staff is compliance with the guiding principles of international humanitarian cooperation, as enshrined in the resolutions of the General Assembly. These include respect for sovereignty, neutrality, humanity, impartiality and independence. There is no doubt that medical workers who find themselves in conflict areas must respect the laws and customs of the host country and strictly adhere to the ethics and standards of the medical profession. Abiding by these rules will help ensure that medical workers are able to carry out their tasks in a well-defined, effective and safe manner.

Ms. Sison (United States of America): I wish to thank the Secretary-General, Mr. Maurer and Ms. Liu for their briefings.

Let me first of all express my deep appreciation and respect for the critical, life-saving work that the International Committee of the Red Cross (ICRC) and Médecins Sans Frontières (MSF) do around the world. We also thank the penholders of unanimously adopted resolution 2286 (2016) for focusing the Council's attention on the importance of protecting medical personnel and access to medical care in armed conflict.

At the outset, it is important to be clear: all those who are engaged exclusively in medical work must be respected and protected as civilians, regardless of their affiliation. The United States strongly supports efforts to safeguard access to medical care in situations of armed conflict. We also support efforts to increase awareness of the international laws that provide legal protection for medical personnel as well as medical facilities and transportation in conflict situations.

I would like to focus my comments today on practical ways of protecting medical care in conflict and on the human consequences of the attacks in Syria, where we see the most egregious examples of attacks on medical facilities and personnel. But first let me take a moment to state up front that United States deeply regrets the tragic and mistaken attack on the Médecins Sans Frontières hospital in Kunduz, Afghanistan, last October. I would like to echo the words of President Obama and once again express our profound condolences in connection with the Afghan medical professionals and other civilians killed or injured in the tragic attack. United States forces are prohibited from targeting protected medical facilities, and United States forces are committed to complying with the international humanitarian law principles that protect hospitals and medical staff caring for patients, including wounded combatants in conflict zones.

As the Council is aware, the Pentagon, following a six-month investigation of the incident in Kunduz, has disciplined 16 service members for mistakes that led to the tragedy, including the suspension of an officer from command. The disciplinary action taken highlights the seriousness with which we take this incident. This tragedy was the direct result of human error, compounded by systems and procedural failures, and United States forces will learn from this incident, study what went wrong and take the necessary steps to prevent any such tragic incidents in future.

As some in this Chamber may recall, one of the worst recorded cases of assault on the wounded and the sick occurred in November 1991, in the Croatian town of Vukovar. The same day the ICRC secured agreement on the neutral status of the hospital, 300 patients and their relatives were forced onto buses. The bodies of 200 of them were later found in a mass grave, and 51 are still missing today. Despite the outcry that this event generated more than 20 years ago, we have seen similar instances of targeted violence against patients and medical workers in countless conflicts since then. Unfortunately, many instances occurred only last month.

Nowhere has the increasing trend of attacks on medical personnel, facilities and transportation been more apparent than in Syria, where such attacks are overwhelmingly carried out by the regime. The Commission of Inquiry recently reported that targeting hospitals and medical personnel as well as the denial of access to medical care remain ingrained

features of the Syrian conflict. Last week, Under-Secretary-General Stephen O'Brien told the Council that the presence of a hospital or health facility is now perceived by neighbours to be a threat to their safety. For instance, of the 33 hospitals open in Aleppo City in 2010, fewer than 10 are reportedly still functioning. Just last week, we all heard the report of the horrific attack by the Syrian regime on Al-Quds hospital in Aleppo, a hospital supported by both MSF and the ICRC. Reports suggest that at least 27 people died in the attack, including one of the last paediatricians in Aleppo City, as the Secretary-General and others have noted, along with a dentist and a nurse. The Al-Quds attack came the day after a Syrian civil defence station in the town of Al-Atareb, Aleppo province, was struck five times, tragically killing five members of the civil defence, a humanitarian and first-responder group most commonly known as the White Helmets. Both of these attacks came a week after targeted attacks on a cardiologist in Hama, Dr. Hassan Al-Araj, and another physician in Zabadani, Dr. Mohammed Al-Khous. It is clear that the regime has been targeting medical facilities and personnel. We are also concerned by the report of today's attack on the Al-Dabit hospital, on which we are still gathering information, and we are saddened by the deaths resulting from that attack.

I regret to say that all of these attacks on medical workers and facilities took place in April alone. Today in Syria, according to several organizations, over 725 physicians in the country have been killed and over 350 attacks on medical facilities have taken place, the vast majority of them at the hands of the regime. In fact, from January through March, including during an agreed cessation of hostilities, Physicians for Human Rights documented 13 attacks on medical facilities and the deaths of 25 medical personnel. Syrian Government forces were responsible for 12 of the attacks and 24 of the deaths. Allies of the Al-Assad regime, including Russia, have an urgent responsibility to press the regime to fulfil its commitments under resolution 2254 (2015) to stop attacking civilians, medical facilities and first responders and to abide fully by the cessation of hostilities. The Islamic State in Iraq and the Levant, too, has directed multiple bombings of medical centres, including the triple bombing of a clinic in Tel Tamer, in Al-Hasakah governorate, that killed more than 50 civilians on 10 December 2015.

We are also deeply concerned by the devastating toll of the crisis in Yemen. Throughout the Yemen

conflict, we have urged all sides to take all feasible steps to avoid doing harm to civilians and to comply with their obligations under international humanitarian law, including with regard to the protection of medical personnel and facilities. We continually remind the parties in Yemen of their obligations under international humanitarian law not to direct attacks against protected hospitals or places where the sick and wounded are present. Impartial humanitarian organizations must be allowed to continue their critical work of saving lives, free from threats from armed groups.

Let me conclude by saying that we commend the tireless efforts of the Office for the Coordination of Humanitarian Affairs and the International Committee of the Red Cross to promote practical ways that parties to armed conflicts can better protect medical personnel and facilities through the establishment of deconfliction systems. Establishing humanitarian deconfliction systems allows humanitarian organizations to submit geolocation data to parties to the conflict. Parties to any conflict share the responsibility for ensuring that such data is effectively incorporated into no-strike lists.

For the United States, one result of the Kunduz investigation was to set out a number of operational improvements that have been made as a result of that accident, including the preloading of key information regarding targets onto aircraft systems. However, we must all do more to improve the protection of medical personnel and hospitals in armed conflict. With respect to Syria specifically, we call again on Russia and other allies of the Syrian regime to use all their influence to stop the regime's deliberate targeting of medical professionals and facilities. With the deeply concerning increase in violence in Aleppo, we support the United Kingdom recommendation for an open meeting on the situation there.

We look forward to the Secretary-General's recommendations on preventive measures. We hope that this can be an occasion, on the lead-up to the World Humanitarian Summit, for us to recommit collectively to the core principles of international humanitarian law, including those that protect medical personnel and hospitals.

Mr. Delattre (France) (*spoke in French*): I thank the Secretary-General, the President of the International Committee of the Red Cross (ICRC), Mr. Peter Maurer, and the International President of Médecins Sans Frontières (MSF), Ms. Joanne Liu, for their briefings,

which were as moving as they were powerful and inspiring to us to act on our shared moral and political responsibility to implement resolution 2286 (2016), which we have just adopted unanimously. Allow me to commend the dedication and courage of the personnel of MSF and the ICRC, and of all health workers in the field who help the wounded and sick in increasingly difficult conditions and often at the risk of their lives.

Attacks on medical personnel and health infrastructure have increased in recent years in many countries at war — Syria, South Sudan, Yemen, Afghanistan and Iraq, among others. In 2015 alone, 75 medical facilities supported by MSF were targeted. According to the World Health Organization, 654 medical personnel have been killed in Syria since the beginning of the war. This sad record is still growing. As has been noted today, last week the Al-Quds hospital in Aleppo was deliberately bombed by the Syrian regime. At least 20 civilians were killed, including one of the last pediatricians in the city, who sacrificed himself to save children. I offer a special tribute to local health workers who are the first victims of these violations of international humanitarian law. Who can accept that these men and women not only are killed as they save lives, but are deliberately targeted because they seek to save lives?

Faced with this unacceptable situation, the Council could not remain silent. Attacks on health personnel and medical facilities are contrary to international humanitarian law, as the President of the ICRC, whose mandate is based on the Geneva Conventions, reiterates relentlessly. We must thank him for that. Even war has its rules, as codified, *inter alia*, in 1949 by the Geneva Conventions, which apply to all parties and must be respected in all circumstances. France takes this opportunity to call on countries that have not yet ratified the additional protocols to do so. It is our collective responsibility to strengthen the protection of all medical personnel and health infrastructure in conflict zones. That is the meaning of the resolution we have just adopted, with the active contribution of France. I wish to warmly thank the sponsors for their collective initiative and ongoing efforts. I congratulate Egypt, Japan, New Zealand, Spain and Uruguay.

In addition to the attacks on medical personnel and hospitals, the deprivation of care, including against civilians, is increasingly used by parties to conflict as a weapon of war. In Syria, medical kits are removed from humanitarian convoys. The regime's obstructions

of the delivery of medical assistance have increased, despite the commitments made in the framework of the intra-Syrian negotiations. As emphasized in the resolution we have just adopted, access to care is a right guaranteed by the Geneva Conventions; it is not negotiable. Military hospitals are also used by the Damascus regime as detention centres where torture is practiced systematically as part of a deliberate State policy, as evidenced by the thousands of horrific photos from the Caesar file and the damning reports of the Independent International Commission of Inquiry on the Syrian Arab Republic. We cannot resign ourselves to the unacceptable.

Medical personnel cannot be effectively protected without the fight against impunity. States must prosecute and punish those responsible for violations of international humanitarian law and international human rights law. This requires the conduct of impartial and independent investigations, and bringing those responsible to justice. France recalls in this regard that attacks on hospitals, medical facilities or health workers can constitute war crimes under the Rome Statute of the International Criminal Court. Ultimately, we must follow up our own decisions so that resolution 2286 (2016) is followed by tangible results on the ground and these unacceptable violations of international humanitarian law come to an end. In that regard, all the tools at our disposal must be mobilized.

To that end, the Council must be informed regularly and in detail about attacks on medical personnel and medical facilities. That is why France considers it necessary for the Council to be seized as soon as possible of the situation in Aleppo. That is true for all conflict situations where violations of the protection of medical personnel and infrastructure are committed. The resolution we have just adopted requests the Secretary-General to report regularly to the Security Council on its implementation. That important step will allow the Council to monitor this issue in a thorough, regular and ongoing manner. It will allow us above all to highlight and publicly disclose violations so that we can counter them with all the might of the law. This fight belongs to the Council and to France, and members can count on our total mobilization.

Mr. Ciss (Senegal) (spoke in French): At this first public meeting of the Security Council for the month of May, Senegal would like to congratulate the brotherly country of Egypt on its assumption of the Council presidency for this month. I also commend China for its

outstanding conduct of our work in the month of April. This meeting is also an opportunity for me to welcome the leadership of Egypt, Japan, New Zealand, Spain and Uruguay for having presented the text of resolution 2286 (2016), which is fully in line with the priorities of the delegation of Senegal. My country gives particular attention to the issue of health at this troubling moment. I also thank the Secretary-General and our briefers, namely, the Presidents of the International Committee of the Red Cross and of Médecins Sans Frontières, whose descriptions of the situation on the ground leave us all the more concerned, even though we continue to trust in the capacity of the international community to address the issue.

The resolution we have just adopted condemns attacks against civilian and medical personnel, equipment and their means of transport and medical infrastructure. It also demands that the parties to conflicts respect their obligations under international humanitarian law. Moreover, the resolution expresses the determination of the Council to include, wherever appropriate, the issue of protecting the delivery of humanitarian assistance in the mandates of peacekeeping missions. It also calls on the Secretary-General to provide recommendations on how to prevent such acts. In line with the importance it attaches to the issue of providing health care, Senegal welcomes the Council's decision to include that issue in peacekeeping mandates.

Senegal's determination to address the issue of health care is reflected in our participation in the African Capacity for Immediate Response to Crises, which includes Senegalese armed forces operating various field hospitals in a number of peacekeeping operations, which provide services for both uniformed personnel and civilians.

The Council's consideration of the issue of health care in armed conflict must also touch on the very serious issue of women and children in need of medical assistance. In that connection, on behalf of my delegation, I strongly condemn indiscriminate shelling, the use of car bombs, acts of terrorism, the dropping of barrel bombs and the use of famine as a weapon of war. Long involved in efforts aimed at ending obstetric fistulas, which is the goal of a draft resolution that my delegation traditionally introduces at the General Assembly, we condemn the placing of obstacles in the way of women accessing emergency obstetric services in countries in conflict, which is at the heart of the

increased levels of maternal and newborn morbidity and mortality.

Given the delays that the Ebola epidemic produced for the peacebuilding processes in the affected countries, above and beyond the areas covered by today's resolution, the Council should take up the issue of health care in conflict situations in the most thorough way possible. Aware of the importance of the matter, Senegal's 2015 chairmanship of the Foreign Policy and Global Health Initiative — the Oslo Group, which, in addition to Southern African countries, includes Brazil, France, Indonesia, Norway and Thailand — focused on improving ways to address international health emergencies that could jeopardize international peace and security. That is the aim of Senegal's full support for today's resolution, which we hope will make a significant contribution to improving the humanitarian situation in armed conflicts.

The holding of this meeting just a few days prior to the convening of the World Humanitarian Summit, to be held in Istanbul on 23 and 24 May, is a source of hope and satisfaction. That will be the first meeting of its kind and will provide an opportunity for world leaders to reiterate their commitment to putting an end to the worst global humanitarian crisis, including addressing the issue of health care in the context of armed conflict. I am pleased to reiterate Senegal's tireless commitment to resolving such conflicts.

Mr. Ramírez Carreño (Bolivarian Republic of Venezuela) (*spoke in Spanish*): As this is the first time we take the floor in a public meeting this month, I would like to reiterate our congratulations to the delegation of Egypt on its assumption of the presidency of the Security Council for this month. We once again express to you, Sir, our support in ensuring that your leadership of this organ achieves full success. We would also like to thank the Chinese delegation for its work last month. We thank Secretary-General Ban Ki-moon for his excellent, forthright views. And we thank Mr. Peter Maurer, President of the International Committee of the Red Cross, as well as Ms. Joanne Liu, President of Médecins Sans Frontières, for their briefings today.

We think it was very useful to hear their perspectives as part of this Council meeting. I should not like to pass up this opportunity to thank the thousands of humanitarian workers, doctors and other health staff, many of them working unrecognized and in a selfless manner, who daily willingly risk their lives in the noble

task of saving lives and alleviating human suffering in such cruel conflict situations as the ones we are seeing today. What they do sets an outstanding example of humanity and hope for peoples being pummelled by violence and horror.

The Bolivarian Republic of Venezuela welcomes the adoption of resolution 2286 (2016), on the protection of wounded and sick people and health personnel, facilities and means of transport in the context of armed conflicts. We are proud to have been among its sponsors. We would like to highlight the particular degree of transparency with which the negotiations were held, which is an excellent example of the way in which we should work. We are grateful for the initiative of Uruguay, Spain, New Zealand, Japan and Egypt in moving forward the resolution.

We think this resolution is an appropriate political response to the grave, systematic violations of international humanitarian law, especially of the 1949 Geneva Conventions and their Additional Protocols of 1977 and 2005, as well as the relevant resolutions of the Security Council, that take place daily in today's bloody armed conflicts in important regions of the world, in particular the Middle East and Africa. We find it unacceptable that health workers and medical personnel have become targets in war zones. It cannot be tolerated that hospitals are bombed, that doctors and the wounded and sick are murdered in hospitals themselves, or even burned alive, as the Secretary-General mentioned. It seems that for many, life no longer has any value.

We are witnessing conflicts that dragging humankind back to times of fascism and lethal wars that are not regulated in any way. Venezuela has never participated in a war or armed conflict since our War of Independence freed us 200 years ago. We have never participated or nor will we participate in a confrontation as part of any coalition of war or destruction, and we will never invade another country. For that reason, we clearly understand the indignation and frustration of the representatives of the International Committee of the Red Cross and Médecins Sans Frontières. The resolution that we have just adopted cannot be allowed to be simply diplomatic rhetoric.

To begin, I wish to state that members of the Security Council that participate in coalitions, wars or invasions are the very ones who must begin by recognizing their actions in contravention of

international humanitarian. They must prevent their allies or armies from participating in those types of crimes. We believe that the first concrete step that must be taken by the Security Council is to ensure that its members who participate in such conflicts, coalitions or wars denounce and punish their allies or armies that flagrantly flout the laws that we are discussing today. We are witnessing a descent into barbarism in absolute violation of international law, and we must ensure that it is stopped and avoided once and for all, starting here, the Security Council.

We should be worried that, instead of leading to concrete action on the ground, the resolution become just another political rhetorical step serving countries' specific interests, thus making the resolution merely an instrument of propaganda favouring one side or another. We believe that humanitarian and medical personnel do not deserve that this discussion becomes an issue of propaganda and confrontation among the very countries that are confronting one another in the field of battle. We believe that such violations of international humanitarian law must be dealt with transparently and on an equal footing. There are no deaths or victims of one category or another. They are all victims of barbarism, wherever it takes place and for whatever reason or motive.

It is difficult for us to understand how it is possible, at a time when we are using weapons with such technological precision capable of killing remotely or via satellite link-up at whatever distance, that there could be errors and hospitals could be bombed, despite the fact that they are public facilities whose locations are well known. Their location is public knowledge to all parties to the conflict, and indeed there may even be warning protocols in place in situations to avoid the bombing of such facilities. We do not understand how that can take place, neither do we understand how they can be cited as errors. We believe that attacking humanitarian targets and hospital facilities has become a deliberate act as a way of discouraging the civilian population — as we saw in the previous Israeli campaign against the Palestinian people — in full knowledge of what they were bombing. Yet they still bombed those facilities. As far as we are concerned, such violations of international humanitarian law are war crimes. Ignoring the law is not a excuse for anyone. We believe that the situations that have occurred must be investigated impartially, and the perpetrators cannot serve as judge and jury in that type of situation.

We believe that such violations not only jeopardize the well-being, security and lives of millions of civilians and deepen the crisis, but also represent an extraordinary challenge for medical and humanitarian personnel. As the representatives of the International Committee of the Red Cross and Médecins Sans Frontières said earlier, it is difficult for them to carry out their humanitarian work. We believe that we must all assist so as to ensure that that situation is resolved and that the Security Council takes action.

Finally, I recall that all States Members of the United Nations are duty-bound to protect their civilians and abide by the resolutions linked to international humanitarian law. We also believe that the proposal to have the Secretary-General report on the implementation of this resolution on a country-specific basis and brief the Security Council once a year on its implementation is very important.

Our country, Venezuela, with the contributions that it may be able to make from the political, ethical and moral perspectives, will do everything possible to ensure and help efforts to stop the horrors of war that we are seeing. It is most important that we achieve peace and enable the medical personnel to continue to carry out their extraordinary humanitarian work in favour of life and humankind.

Mr. Liu Jieyi (China) (*spoke in Chinese*): At the outset, I wish to congratulate you, Sir, on your assumption of the presidency of the Security Council this month. I am sure that you will ably lead the Security Council through a productive and fruitful month in May. Once again, I wish to express the sincere appreciation of the delegation of China to the members of the Council for all the support that they have given us during the month of April. I wish to thank Secretary-General Ban Ki-moon for his briefing. China has listened carefully to the briefings made by Mr. Peter Maurer, President of the International Committee of the Red Cross, and the representative of Médecins Sans Frontières.

In recent years, the safety of medical personnel and humanitarian organizations exclusively engaged in medical duties and of the medical facilities and equipment during armed conflict have been increasingly under threat, which has received broad international attention. China pays tribute to the medical personnel and humanitarian-assistance organizations for putting themselves at risk to save lives and care for the wounded and sick. We are concerned about the safety

of that personnel and relevant medical facilities and equipment. We therefore support the enhancing their protection by the international community.

I wish to emphasize the following four points.

First, protecting medical personnel and facilities during armed conflict is the inescapable responsibility of the States and parties to the conflict. States have the primary responsibility for protecting the population throughout their entire territory, and they should step up the protection of medical personnel and facilities. Parties to the conflict should respect international law, including international humanitarian law, international conventions and the relevant Security Council resolutions, in fulfilment of their obligation to protect medical personnel and facilities, so as to ensure safe and timely humanitarian access. Acts of violence, attacks and threats against medical personnel and facilities during armed conflict should be investigated and punished by States in accordance with the law. The international community should provide the necessary assistance and support on the basis of full consultations with States.

Secondly, medical personnel and humanitarian organizations engaged in medical duties should, in carrying out their humanitarian assistance activities during armed conflict, fully comply with the purposes and principles of the Charter of the United Nations, respect the humanitarian principles of humanity, neutrality, impartiality and independence in providing humanitarian assistance, and fully respect the sovereignty and territorial integrity of States, avoiding any involvement in the conflict or supporting any of the parties to the conflict. That is the basis of humanitarian assistance — to win the understanding and trust of all parties, which serves as an important guarantee to ensure the safety of medical personnel and facilities in conflict areas.

Thirdly, the Security Council should actively carry out preventive diplomacy and political good offices with the aim of striving towards the settlement of differences among parties through peaceful means, including through dialogue and negotiation, so as to find a political solution to the questions and to prevent or contain conflicts from escalating in order to fundamentally prevent medical staff and facilities from being threatened.

Fourthly, the United Nations should carry out its actions together with humanitarian assistance

organizations. The United Nations should conduct in-depth analysis and assessments of the risks and challenges faced by humanitarian assistance activities in conflict areas, and, on the basis of respecting the views of States, maintain communications and coordination with all parties to conflict in order to step up the protection of medical personnel and facilities. The relevant medical staff and humanitarian assistance organizations should maximize preparedness for their own safety and protection, while establishing effective communications mechanisms with States, the parties to the conflict and the relevant United Nations agencies and institutions.

Mrs. Adnin (Malaysia): I would like to join other Security Council members in congratulating you and your team, Mr. President, on Egypt's assumption of the Council presidency for this month. I reaffirm my delegation's full cooperation, and we wish you and your team every success. I also wish to express my sincere appreciation to Ambassador Liu Jieyi and his team for China's effective leadership of the Council in April.

I wish to express my appreciation to Secretary-General Ban Ki-moon, to Mr. Peter Maurer, President of the International Committee of the Red Cross, and to Ms. Joanne Liu, President of Médecins Sans Frontières (MSF), for sharing their perspectives and insights on the topic at hand. Their briefings add significant value to our discussion today.

Malaysia welcomes the adoption of resolution 2286 (2016), which we co-sponsored alongside a significant number of Member States. We commend the leadership taken by Egypt, Japan, New Zealand, Spain and Uruguay on this important initiative, which comes at a very critical juncture. The resolution is an important milestone and stands out as a timely response by the Council in discharging its responsibility to maintain international peace and security, specifically by addressing the increasingly frequent and inhumane attacks against health-care institutions by parties to armed conflict.

Schools and medical facilities in Gaza were targeted and bombed in 2014 during military offensives by Israeli forces, killing and maiming thousands of civilians, including children. The attacks occurred despite the sharing of coordinates of the civilian facilities with the Israeli authorities. In Kunduz, Afghanistan, in October 2015, a medical facility operated by MSF was repeatedly bombarded, killing

dozens of civilians, including patients and medical personnel. Most recently, the attack against Al-Quds Hospital in Syria, which killed 57 civilians, was a new low with regard to the protection of civilians, medical personnel and medical facilities. As noted by many previous speakers, a prominent victim killed in the attack was the only remaining pediatrician in Aleppo, Muhammad Waseem Maas. Despite the intolerable stress of living in a city under siege, Dr. Maas chose to stay in Aleppo to treat the wounded and, as his friends put it, "to help those babies crying", instead of joining his family in Turkey. We also heard Ms. Liu's harrowing description of attacks on MSF facilities in Yemen, and we share similar outrage and distress.

Such attacks, whether premeditated or otherwise, are simply unacceptable. They violate basic, established principles of international humanitarian law, including the Fourth Geneva Convention, as well as the principles of humanity, neutrality, impartiality and independence in the provision of humanitarian assistance, including medical assistance. Attacks against medical personnel and health facilities also constitute two-fold atrocities against children. They not only kill and maim children, they also leave them without access to much-needed treatments, including lifesaving care.

The unanimous adoption of resolution 2286 (2016) demonstrates the Council's collective resolve in responding to a worsening deterioration of civilian protection in time of conflict. As we seek to maintain international peace and security, the protection of civilians must continue to be at the core of the Council's work. We must reject the notion of "collateral damage" as a convenient excuse to commit and perpetrate attacks against civilians and civilian objects. Similarly, countering terrorism has unfortunately become a convenient narrative to justify attacks on civilians and on humanitarian and medical personnel as well as medical facilities. If by fighting terrorism means we would be carrying out indiscriminate attacks on civilians and the facilities, then, from the victims' point of view, we are no different from the terrorists. As clearly stipulated under international law, attacks intentionally directed against civilians and civilian objects, including medical and humanitarian personnel and medical facilities, constitute war crimes.

Malaysia strongly supports calls to ensure accountability as a crucial step in the fight against impunity with regard to the protection of civilians and civilian objects during armed conflicts. We therefore

call for independent and impartial investigations into all alleged serious violations of international humanitarian law, particularly in connection with the protection of civilians and civilian objects in armed conflicts. We agree with Ms. Liu that perpetrators cannot be investigators, judges or juries. Member States have an obligation to cooperate with the relevant international courts and tribunals in ensuring accountability for war crimes and other serious violations of international humanitarian law, in accordance with their international commitments.

In conclusion, we are deeply humbled and touched by the commitment and sacrifice of medical and humanitarian personnel worldwide who devote their lives to saving others under dangerous and trying circumstances. We wish to pay tribute to those who paid the ultimate price in the pursuit of such honourable aims. The Security Council must persist in defending and protecting the safety of medical personnel and health facilities in situations of armed conflict, an undertaking to which Malaysia is fully committed.

The President (*spoke in Arabic*): I shall now make a statement in my national capacity.

At the outset, it gives me pleasure to express sincere thanks to Japan, New Zealand, Spain and Uruguay, which were Egypt's partners in introducing the important resolution 2286 (2016), on medical care in armed conflict. In that context, I would like to draw attention to the unique manner in which the initiative was developed. It is perhaps the first time that five elected Member States of the Council participated in a collective effort to draft a resolution while leading and coordinating consultations in an open, transparent and all-inclusive manner, with all Council members taking part in order to achieve its unanimous adoption. The adoption was reflected in the widespread support for the resolution among the States Members of the United Nations, as well as in the fact that many Member States co-sponsored the resolution.

Humanitarian efforts today face a serious development in the form of the increasing frequency of attacks against medical facilities and medical staff. Parties to the various conflicts have put obstacles in the way to medical services for those in need. This represents an unprecedented challenge to the basic pillars of international humanitarian law and to enforcement of the principle of protecting civilians in armed conflict.

Egypt believes that such attacks foment hatred and tension among parties to a conflict and the various components of society, which undermines the possibility of achieving peaceful settlements to conflicts. As a case in point with respect to the urgency of this situation, I would cite the atrocities committed against health-care providers in many conflicts around the world, but especially in Syria over the last five years, due to the conflict that has been raging there.

International humanitarian law, including the 1949 Geneva Convention and its Additional Protocols, provides for the protection of international health-care personnel, facilities and equipment and their transport. It also sets forth strict rules to protect access to health care by the sick and injured in times of armed conflict. I would therefore stress that the violation of these conventions has been and continues to be totally unacceptable. Perpetrators must be held accountable no matter which side of the conflict they are on. Individual States and the international community as a whole have a duty to guarantee that perpetrators are held to account.

These rules are binding on all parties to a conflict, be they Governments or non-State actors. These rules also prohibit forcing health-care workers to commit acts that prevent them from fulfilling their health-care duties or that violate their professional ethics. International law also prohibits deliberate attacks against medical facilities, designating such attacks as war crimes. Through such a designation, it guarantees the accountability of the perpetrators and deny them impunity.

The initiative behind resolution 2286 (2016), sponsored by five States, seeks to urge the Security Council to uphold the legal framework that requires parties to a conflict to protect the sick and the injured and those working to bring them medical care. The Council needs to send a strong political message that attacks on the sick, the injured and health-care workers are no longer acceptable or admissible, that they can no longer be perpetrated with impunity or without accountability to States. Concerted international efforts must therefore be made to prevent the occurrence of such gross violations of international humanitarian law. Accordingly, resolution 2286 (2016) condemns violations of international humanitarian law, urges Member States to adopt practical measures to prevent their occurrence, and calls on States to ensure peaceful and unimpeded access to medical care.

In conclusion, I would like to stress that Egypt's sponsorship of resolution 2286 (2016) is rooted in its deep and focused commitment to the noble principles of international humanitarian law, in particular those related to the protection of civilians in armed conflicts. Indeed, Egypt supports access to medical care during conflict—without politicization or discrimination—for the injured, the sick, the vulnerable and those who are most likely to be subject to attack, including women and children. We seek to increase awareness in the Security Council of the violations of international humanitarian law in this area so that we can provide a safer environment for the sick and the injured and for health-care workers.

I would be remiss if I failed to express our gratitude for the sacrifices of and the noble role played by such international organizations as the International Committee of the Red Cross and Médecins Sans Frontières and others, which are providing health-care services to innocent civilians who find themselves caught in zones of violence or the victims of terrorist attacks through no fault of their own.

I now resume my functions as President of the Security Council.

There are no more names inscribed on the list of speakers.

The meeting rose at 12.35 p.m.